

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 7/21/03.

I. DISPUTE

Whether there should be reimbursement for prescription medications for dates of service 5/14/03, 6/11/03 and 7/09/03.

II. RATIONALE

The Requestor is asking for reimbursement of Oxycontin 20MG Tablet SA #240 and Oxydose 20MG/ML SOLN (30) #90 for the above listed dates of service. Neither the Requestor nor the Respondent submitted an Explanation of Benefits (EOB). Per Commission Rule 133.307(f)(3), "A copy of any EOB relevant to the dispute, or, if no EOB was received, convincing evidence of carrier receipt of employee request for reimbursement." The Requestor failed to submit documentation supporting that the EOB had been requested of the Respondent. On this basis, reimbursement is not recommended.

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the Requestor is not entitled to reimbursement.

The above Decision is hereby issued this 20th day of January 2004.

Pat DeVries
Medical Dispute Resolution Officer
Medical Review Division

PD/pd